



State of California—Health and Human Services Agency  
**Department of Health Services**



**DIANA M. BONTÁ, R.N., Dr. P.H.**  
Director

**GRAY DAVIS**  
Governor

April 18, 2003

Dear Interested Parties:

**MEDI-CAL REIMBURSEMENT RATE SUPPORT SERVICES REQUEST FOR  
PROPOSAL 03-75011 ADMINISTRATIVE BULLETIN 4, ADDENDUM 2**

Enclosed you will find Administrative Bulletin 4, Addendum Number 2 to the Request for Proposal (RFP) for the Medi-Cal Reimbursement Rate Support Services (MCRSS), incorporating changes to this RFP. Within the text of the document, changes are highlighted with a vertical bar appearing to the right of the paragraph or to the right of any areas that were revised. Deleted language is noted by ~~strike through~~ presentation.

Addendum Number 2, issued by the California Department of Health Services, Office of Medi-Cal Procurement, announces a correction to Administrative Bulletin 3, Addendum 1 issued on April 14, 2003. On page 23 of the RFP, Item "h" Cost Section, the deletion of Item "1c" was inadvertently left out.

Any changes made to the RFP are published as additional or replacement pages to the RFP. While the RFP is available in both single-sided (on the Internet) and double-sided (hardcopy from the Office of Medi-Cal Procurement) versions, the instructions for updating both formats are included in this letter. The replacement pages enclosed are for the double-sided, hardcopy version.

In order to configure the RFP so that it accurately reflects the current requirements and considerations, add the new page or remove the existing page and insert the appropriate replacement page as indicated in the following table:

**HARDCOPY VERSION**

<b>REMOVE EXISTING PAGES</b>	<b>ADD NEW/REPLACEMENT PAGES</b>
Item h. Cost Section Pages 23-24	Item h. Cost Section Pages 23-24 (Changes made on page 23; delete page 24)



Do your part to help California save energy. To learn more about saving energy, visit the following web site:  
[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

Interested Parties  
Page 2  
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In order to configure the Internet version of the RFP (single-sided) so that it accurately reflects current requirements and considerations, remove existing pages and insert the appropriate substituted page as indicated in the following table. The website for the electronic version is [www.dhs.ca.gov/omcp](http://www.dhs.ca.gov/omcp) . Please note that original RFP has not been changed.

**ONLINE VERSION**

<b>REMOVE EXISTING PAGES</b>	<b>ADD NEW/REPLACEMENT PAGES</b>
Item h. Cost Section Page 23	Item h. Cost Section Page 23

Proposers have five working days from the issue of this transmittal to the postmark date of the bidders' response to submit any objections to this Addendum.

Thank you for your continued interest in the Medi-Cal Reimbursement Rate Support Services Project procurement effort.

If you should have any questions, please call Cristyn Lao, lead analyst assigned to this procurement, at (916) 323-7406.

Sincerely,

**Original Signed By:**

Donna Martinez, Chief  
Office of Medi-Cal Procurement

Enclosure

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- 1) Current support services and office equipment capabilities immediately available and/or accessible for use in carrying out the proposed scope of work. Include such things as, but not limited to:
  - a) A description of the range and/or type of support services available and number of staff.
  - b) Messenger, delivery, shipping, distribution, or transport capabilities.
  - c) Teleconferencing or telecommunications capabilities.
  - d) Printing/reproduction or photocopying capabilities.
  - e) Computer hardware and system capabilities (i.e., number, type, size, age, capacity and speed of personal computers or work stations and servers; Local Area Network capabilities, Wide Area Network capabilities; data transfer capabilities (disk or tape), data storage capacity, video/graphics capabilities, etc.).
  - f) Software applications in use (word processing applications, spread sheet applications, data base applications, graphics development applications, Web page design applications, unique or other specialized software applications, etc.).
  - g) Other support functions or capabilities that can be accessed and/or utilized.
- 2) Identify any facilities, support services or equipment that you must purchase, rent or lease on a long or short-term basis to perform the services described in this RFP.

h. Cost Section

1) Basic Content

The Cost section will consist of the following documents:

- a) Cost Proposal Form (**Attachment 12**).
- ~~b) Budget Detail Work Sheet(s) (**Exhibit B, Attachment I, II, III, IV, and V**) for each fiscal year or budget period.~~
- ~~c) Required cost justification and documentation described later in this section.~~

2) General Instructions

- a) All cost forms (Cost Proposal form ~~and Budget Detail Work Sheets~~) must be typewritten or completed in ink. Errors, if any, should be crossed out and corrections should be printed in ink or typewritten adjacent to the error. The person who signs the Cost Proposal should initial all corrections preferably in blue ink.
- b) On the Cost Proposal form, indicate the annual cost for each budget period and include a total cost.
- c) When completing the cost forms, include all estimated costs to perform the services for the entire term, including applicable annual rate adjustments attributable to merit increases, profit margins, and inflation or cost of living adjustments.

~~3) Required Budget Detail Work Sheets~~

- ~~a) Include with the Cost Proposal Form (**Attachment 12**), a Budget Detail Work Sheet (**Exhibit B**) for each state fiscal year or budget period (**Attachment I, II, III, IV, and V**).~~
- ~~b) On each Budget Detail Work Sheet, provide specific cost breakdowns for the budget line items identified in this section.~~
- ~~c) All unit rates/costs, if any (i.e., square footage, salary rates/ranges, hourly rates, etc.), must be multiplied out and totaled for each budget period.~~
- ~~d) Please report costs using whole dollars only. Round fractional dollar amounts or cents to the nearest whole dollar amount.~~
- ~~e) When completing the Budget Detail Work Sheet(s), you may create like images or computerized reproductions of the Budget Detail Work Sheets included in this RFP. Use as many pages as are necessary to display your detailed budgeted costs. The Budget Detail Work Sheet attachments included in this RFP are not intended to dictate the specific costs you are to report, but are intended to show you the required format for reporting your proposed budget detail.~~
- ~~f) Identify your projected detailed expenses for each line item identified below by following the instructions herein.~~

~~i. Personnel Costs~~

- ~~A. Identify each funded position title or classification.~~
- ~~B. Indicate the number of personnel in each position/classification.~~
- ~~C. Indicate the full time equivalent (FTE) or annual percentage of time/effort for each position (i.e., full time = 1.0, 1/2 time = .50, 3/4 time = .75, 1/4 time = .25, number of hours, if hourly, etc.).~~
- ~~D. Identify the monthly salary rate or range for each position/classification. Include paid leave benefits such as sick leave, vacation, annual leave, holiday pay, etc. in the salary rates or ranges.~~
- ~~E. Project an annual total for each position/classification.~~
- ~~F. If applicable, enter \$0 if no personnel costs will be incurred.~~
- ~~G. Enter the grand total for salary/wage expenses.~~

~~ii. Fringe Benefits~~

~~Include fringe benefit expenses including, but not limited to, costs for worker's compensation insurance; unemployment insurance; health, dental, vision and/or life insurance; disability insurance; pension plan/retirement benefits; etc.~~

- ~~A. Display fringe benefit costs as a percentage rate of the total personnel costs.~~